



UK Healthcare



You May 1 at 11:20 PM

Hi Brittany.

Attached is a letter + supporting medical documentation showing urgent need for higher stimulant dosing due to escalating cerebrovascular instability, CSF dysregulation, and severe pressure sensitive headaches - the botox has helped some, but generally, when the stimulant wears off, the headaches worsen I have noted. I need your support in advocating for medically appropriate treatment. Further preventable harm = liability. Legal counsel is being added to my care team. Please see the attached.

Also - I have an appt with the Long Covid and Microclots Triple Anticoagulant Therapy doctor (Dr. Vaughn) - next Wednesday - at which time I will ask about the CSF fluid (LP) and guidance on safety and the blood thinners...

I will send a second message with Part 4 and photos of my feet and a docket showing the injustices I have faced in the courts...I need your help - I am sending to several of my treating physicians.

John

3 attachments

-  2025-05-01-John-R-Fouts-Medically-Necessary-Stimulant-Increase-Vascular-Dysregulation-Neuro-Damage-Urgent-Request-To-Protect-Life_compressed-1_part_1.pdf
-  2025-05-01-John-R-Fouts-Medically-Necessary-Stimulant-Increase-Vascular-Dysregulation-Neuro-Damage-Urgent-Request-To-Protect-Life_compressed-1_part_2.pdf
-  2025-05-01-John-R-Fouts-Medically-Necessary-Stimulant-Increase-Vascular-Dysregulation-Neuro-Damage-Urgent-Request-To-Protect-Life_compressed-1_part_3.pdf



You May 1 at 11:33 PM

See attached Part 4, photos of my feet when headaches worsen in between stimulant doses wearing off, and the court docket I referenced.

3 attachments

 2025-05-01-John-R-Fouts-Medically-Necessary-Stimulant-Increase-Vascular-Dysregulation-Neuro-Damage-Urgent-Request-To-Protect-Life_compressed-1_part_4.pdf

 Screenshot from 2025-04-30 15-09-47.jpg

 2025-02-07-DOCKET-81-DOCKETED-ITEMS-AS-OF-TODAY-SO-FAR-3-25-CV-000333-BJB-RSE-Kentucky Western CM_ECF-DC.pdf



Nurse Breanna S May 2 at 1:58 PM

Mr. Fouts,

I spoke to Dr. Katyal regarding your message. He said that you should go to your local emergency room to have your feet examined for the cause of the discoloration. He said they should do an arterial and venous doppler ultrasound of your lower extremity and a CTA with run-off to rule out any vascular causes of the discoloration. He also said that you should see Vascular Surgery (I am placing the referral) and your Rheumatologist to discuss possible causes of the discoloration and the risk/benefit of using stimulant medications. This is because stimulant medications (including Adderall) can cause peripheral vasculopathy and may exacerbate vascular dysregulation. He said that without understanding the underlying cause of your symptoms he cannot recommend increasing the Adderall at this time. Your provider that you see for headaches should be reaching out to you in regards to your ongoing headaches. Please let me know if I can do anything else for you.

Bre, RN



You May 2 at 6:13 PM

Dear Dr. Katyal & Team,

Thank you for your reply. I want to clarify that the majority of this information has already been shared with your office previously, and some of it multiple times, and is documented in my chart.

This includes the diagnoses of ME/CFS, CRPS/RSD (2009 spine surgery - 4/14/2009), small fiber neuropathy (Mayo Clinic dx and Washington University - Dr. Pestronk - positive non length dependent biopsy), erythromelalgia (Dr. Mark Davis - Mayo), Raynaud's (University of Louisville), QSART/QST (Mayo Clinic abnormal testing - along with abnormal thermoregulatory test) - and abnormal Wash U QSART as well confirming dysautonomia and autonomic dysfunction, copper deficiency (infusions every ~49-52 days - shared with you repeatedly as well), microclots (Dr. Vaughn), CVI (Dr. Dwivedi [vascular surgeon], treated with EVLA and stab phlebectomy of lower right extremity in 2022 - in the notes on file with your office), and low cerebral perfusion (TCD you ordered showing low ICA/PCA flow upon my request for you to take that order into consideration which did show resulting issues with blood flow cerebrally). I recently also had a FDG PET scan done at UK Clinic by Dr. Jicha showing that I have areas of hypometabolism which is even further troubling.



You May 2 at 6:14 PM

I've also discussed with you before, at multiple appointments, that my symptoms — including cognitive issues, slurred speech, vision problems, and flares of EM and CVI — worsen severely between doses of Adderall. I have repeatedly tried to get a higher dose to help alleviate these symptoms from providers but no one will look at my existing testing and solid objective medical results to see the need.

Stimulants improve perfusion and reduce these risks. I went back to my PCP after the last time I asked you, per your request, but he just wouldn't help. Despite repeated attempts, my PCP continues to ignore these issues and refers me elsewhere or dismisses me completely. I came to you for help precisely because of that.

A venous Doppler is scheduled May 9 due to new worsening discoloration. Inaction now risks permanent neurological damage. Please understand: this is not drug-seeking. This is survival. I need care coordination and your direct help before things escalate further. Legal and medical advocates are being added to my team due to the systemic breakdown in care.



You May 2 at 6:17 PM

Medical literature supports that in patients with ME/CFS and small fiber neuropathy, stimulants can improve vascular tone, enhance perfusion, and help regulate autonomic dysfunction, especially when hypoperfusion and dysautonomia are present - which is truly present and proven in my case repeatedly.

The issue is the dysregulation that is occurring when the stimulant medication wears off in between doses which takes about 2.5 hours. That means I have a cycle of vascular and autonomic dysregulation many times during the day each day now due to the dose not being adequate - which I have been trying to get help for at this point - for years. Also - I went to Urgent Care for feet swelling last week - they scheduled doppler at hospital for me on May 9th. I need to be able to get the help that I need - these symptoms are relieved with stimulant in my system - when it wears off is when the negative issues appear. I need more coverage meaning a higher dose of IR medication - Adderall is the only thing that has helped and over the years I have tried 200+ things. Can't use XR due to gastroparesis and malabsorption. I should not have to fight this hard to survive.

Further inaction now risks permanent neurological damage. Please understand: this is not drug-seeking. This is survival. I need care coordination and your direct help before things escalate even further. Legal and medical advocates are being added to my team due to the systemic breakdown in care.

John



Please allow up to 48 hours for a reply.
You cannot reply to this conversation. It is too old to be replied to.

